

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022410

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Principal Registration District

1003

Registrar's No.

5413

STATE FILE NUMBER

FILED MAY 27 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b unknown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4762 Eichelberger		d. STREET ADDRESS (If outside, give location) 4762 Eichelberger	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Katherine Middle Wiget Last Wiget			4. DATE OF DEATH Month 5 Day 19 Year 63		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/27/77	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Lady		10b. KIND OF BUSINESS OR INDUSTRY Famous Barr Co.		11. BIRTHPLACE (City and state or country) Highland, Illinois	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Dominic Wiget		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Dora Kestranek--4762 Eichelberger	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis DUE TO (b) Unknown Primary DUE TO (c) 199.2 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)	
20c. TIME OF INJURY Hour 8:30 A.M. Month 7 Day 21 Year 63		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hillcrest Abbey	
20e. CITY, TOWN, OR LOCATION St. Louis, Missouri		20f. COUNTY St. Louis STATE Missouri	
21. I attended the deceased from 7/21/63 to 5/19/63 and last saw her alive on 5/19/63 Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wacker-Helderle (Degree or title)		22b. ADDRESS 4268 Delor	
22c. DATE SIGNED 5/20/63		22d. SIGNATURE Wacker-Helderle	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 5/22/63	
23c. NAME OF CEMETERY OR CREMATORY Hillcrest Abbey		23d. LOCATION (City, town, or county) St. Louis, Missouri	
24. FUNERAL DIRECTOR WACKER-HELDERLE		25. DATE RECD. BY LOCAL REG. MAY 21 1963	
ADDRESS 3634 Gravois		26. REGISTRAR'S SIGNATURE Paul Smith. M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1
2 **2029**
3
4 **1**
5 **0**
6
7 **1**
8 **2**
9
10
11
12 **90-0**
13
90

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.